

Please fill out this application completely. Incomplete applications will not be processed.

UPON APPROVAL, EACH APPROVAL IS VALID FOR 60 DAYS. Additional time requires a new application and fees paid.

1. Agent Information

Request Made By: _____

Contact Telephone Number: _____ E-Mail: _____

Address of requested property: _____

Reason for Request: _____

Portions to be Energized: _____

As representative of the responsible agent, I consent to all of the provisions of the guidelines for temporary power of the NC Electrical Code, Article 10 - Administrative Section, and application.

Signature

Date

Printed Name

2. **Electrical Information:** Electrical contractor is responsible for all energized panels and requesting inspections for temporary power. Any branch circuit not utilized for use shall be secured and locked-out or under constant supervision to exclude unauthorized personnel. Violations will cause immediate termination of power and revocation of approval.

Utility Company

Size of Service, Voltage & Phase (in Amps)

Electrical Contractor Signature Approval

Date

Printed Name

Company Name

3. Mechanical Information:

Mechanical Systems to be operated: _____

Mechanical Contractor Approval

Date

Printed Name

Company Name

4. Plumbing Information:

Plumbing Systems to be operated: _____

Plumbing Contractor Approval

Date

Printed Name

Company Name

5. For Office Use Only – Inspector Approvals:

	<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
Electrical <i>Required</i>			
Mechanical <i>Only if HVAC units are energized</i>			

6. Fees:

Fee: _____ Electrical Permit Number: _____ Date: _____